

# A Program for Promoting Mental Health In the Oklahoma Schools

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**A**N OVERWHELMING BODY of evidence accumulated during recent years has stressed the importance of the early life experience of an individual in his adaptations to life as an adult. Programs to promote mental health, therefore, may well begin with efforts directed toward persons who are concerned with the training of the child. During the very early years of life, emotional development is fostered primarily by parents. When a child enters school, the teacher, in her day-to-day contact with the child, is in a key position to assist the parents in this phase of his development. If she is cognizant of the basic principles of mental hygiene, the teacher can play an important role in promoting mental health and preventing emotional disturbance in the child.

For the past 3½ years, personnel of the State and local departments of health and education, school administrators, and teachers in Oklahoma have been working together in developing a program which recognizes this important function of the teacher. Through a series of conferences, problems have been defined, objectives established, and recommendations made.

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Two 2-day workshops and one 2-week workshop on mental health in the classroom have been held for teachers.

## Oklahoma's Approach

The keynote of Oklahoma's activities to promote mental health in the classroom has been the spontaneous development of plans through the cooperative efforts of persons who are constantly working with people with emotional problems: educators, social workers, psychologists, nurses, physicians, and psychiatrists. The progress that has been made and reported by other States in this field has been utilized, but no attempt has been made to adopt a standardized approach or technique.

The initial step to stimulate interest in developing a program was taken by the mental hygiene division of the State health department. In March 1951, the director of the division called together a small group of persons representing the professions of education, nursing, public health, clinical psychology, and psychiatry from city, county, and State departments of health and education. The efforts of the division in bringing significant people together in this and later conferences has been greatly facilitated by the commissioner of health, whose earlier experience as a school teacher gave him a base for contacts in the educational field.

At all times, the personnel of the mental hygiene division have served in a consultant ca-

capacity, maintaining an attitude toward the school authorities of "what do you think we could do to help you?" rather than an attitude of "this should be done." They have recognized that, although they may be specialists in the treatment of mental illness, they do not, by any means, have all the answers to the problem of preventing mental illness.

In the beginning of the program, a special effort was made to orient the school administrators and top-level educators in the importance of mental health concepts in the classroom. Their cooperation and understanding was necessary before the program could be promoted among the classroom teachers. The approach to the teachers has been a give-and-take relationship, a sharing of experiences. The personnel of the mental hygiene division have been willing to learn as well as to share their knowledge about human behavior.

The steady growth of interest in developing plans for the promotion of mental health in the Oklahoma schools can be seen in the following chronological account of the conferences and workshops that have been held. That the progress which has been made is the result of the cooperation and enthusiasm of many persons is evident.

### **Defining the Problems**

At the first meeting in March 1951, three major problems concerning existing practices in the schools were defined:

1. Rigid emphasis on teaching subject matter and factual data in the classroom.
2. A lack of recognition of emotional and physical problems which would retard the child's adjustment and learning.
3. Misunderstanding and lack of cooperation between parents and teachers.

The group selected two teachers to attend a 2-week workshop in Delaware on teaching human relations in the classroom, a workshop conducted as a part of the Bullis project, and to report whatever methods and principles observed that might be adapted to the Oklahoma schools.

The group met for the second time in April 1951 to discuss the reports on the Delaware workshop. Agreeing that the teaching of

human relations, whether as a separate course or as part of other courses, is dependent on the training and preparation of the teacher, the group decided to invite a larger number of educators to their next meeting to discuss methods of training teachers.

At the first meeting of the expanded group, the importance of selecting and adequately preparing teachers to conduct courses in human relations was reemphasized. Interest in including a course in mental hygiene in the curriculum of the State teachers colleges and in planning a workshop that would help teachers understand and apply mental hygiene principles was expressed. For improving mental health teaching in the classroom, it was suggested that audiovisual aids be used to stimulate classroom discussion; that manuals or agendas for courses in human relations be prepared for teachers; and that the mental hygiene clinics of Oklahoma City and Tulsa be used for observation and demonstration purposes. To consider further methods of training teachers and to plan for a workshop, a special committee of five—the director of the State health department's mental hygiene division and four school authorities—was selected by the group.

It was announced at this meeting that the Oklahoma City Board of Education had approved the teaching of a class in human relations in one of the city junior high schools. The group suggested that the class be designated as a pilot project, that a record be kept of changes in attitudes of pupils, teachers, parents, and principals and the types of questions and answers developed, and that these data be used in planning projects in other schools. No followup study of this class has yet been made because of a lack of personnel and funds. It has been suggested that a research grant might be obtained if a qualified person can be found to plan and carry out the study.

The interest in mental health in the schools was reflected in the program of the 1951 Oklahoma State Conference of School Administrators. Under the topic "Health Instruction in the Elementary and Secondary School" appeared the recommendation that "the school health instructional program make provisions for meeting the emotional and social needs of children as well as their physical needs." In

addition, a section devoted entirely to mental health in the schools urged the recognition of the importance of mental health in the classroom and recommended that teacher-training institutions give additional training in the study of the normal growth and development of the child, that school administrators make provision for inservice training of teachers along the same lines, and that each school appoint a mental health committee to study the problems in that school and community.

### Plans Into Action

By October 1951, plans were completed for the first 2-day workshop for classroom teachers. Sponsored by the State departments of health and education, it was attended by 50 persons, including college presidents, school superintendents, and directors of education, as well as teachers. The program included lectures on dynamic understanding of human behavior, behavior problems and habit disturbances in the preadolescent and adolescent, and normal personality growth and development; reports on five school mental health projects in the United States and Canada; and demonstrations of the use of mental health films as a teaching device.

At the next meeting of the special committee on mental health, augmented by a number of specialists in education, three specific objectives concerning the training of teachers were established: (*a*) better training in the field of mental hygiene in the teachers colleges, (*b*) regional workshops to provide inservice training in mental hygiene for teachers, and (*c*) improvements in teaching techniques in inservice training.

Following this meeting, three special committees were formed to study: (*a*) the teacher-training programs in teachers colleges, (*b*) inservice training programs for teachers, and (*c*) guidance resources for teachers. Two of the special committees announced their recommendations on February 7, 1952.

For the promotion of mental hygiene in the classroom, the committee on teacher education in teachers colleges felt that it was essential (*a*) to evaluate the curriculum and its effect on the mental health of the pupils; (*b*) to consider the personality of the teacher and its effect on the mental health of the pupils; and (*c*) to

study methods for selecting teachers or teacher candidates who are stable and well adjusted, for promoting the mental health of teachers by improving their morale through adequate salaries, professional recognition, and pleasant surroundings, and for evaluating the mental health of the teacher through counseling. The committee recommended that a plan for research into these problems be outlined and submitted to a foundation.

The committee on improving guidance facilities stated that the goals of a reorganized guidance program are "to improve existing courses and activities dealing with social skills, the ability to get along with others, self-understanding, personality development, human relations—all of which might be included under the term mental health." The committee reported that human relations courses have been developed in the guidance program in most of the grade schools in Tulsa, El Reno, Shawnee, and Oklahoma City, and in the junior-senior high schools in Ponca City and El Reno. Its recommendations were presented in the form of a long-term plan and a short-term plan.

The long-term plan included these points: (*a*) make available to all teachers a program which reveals the innate nature of development of boys and girls at different ages, allowing for differences in rate of growth, from physical, social, and mental standpoints; (*b*) provide a survey course of principles of guidance to indoctrinate teachers with the necessity of guidance; (*c*) provide a survey course for teachers who feel the need of asking, what can I do to help myself to help this child? (*d*) provide training for administrators, as well as teachers, so that they will be sufficiently conscious of their responsibility in initiating and supporting guidance services.

The short-term plan recommended (*a*) provision of suitable source material at all age and grade levels through workshops or by State supervisors, such material to be provided only until teachers accumulate their own materials to fit the needs as revealed to them by association with students; (*b*) a conscious endeavor on the part of teachers to organize group study programs; (*c*) assistance by the State health department in overt cases of maladjustment; (*d*) education of the public concerning the

program now in existence through newspapers and parent-teacher associations and other organizations.

The second 2-day workshop was held in March 1952 and was attended by 18 teachers from 11 different communities. Group discussion centered around individual differences among children, parent-teacher relationships, and mental hygiene courses in teachers colleges. In the discussion of individual differences, the importance of the teacher's knowledge of background, environment, and personality of each child was stressed. Parent-teacher relationships were acknowledged as invaluable in promoting better understanding and cooperation between the home and the school. The home visitation program was cited as one method of bringing parents and teachers closer together. An educational program for parents was recognized as important, and it was suggested that leaders for discussion groups might be drawn from the professional groups in the communities. It was recommended that courses in mental hygiene be required for all teachers for graduation from the State teachers colleges.

The workshop group was given an opportunity to observe the class in human relations which was being conducted in one of the Oklahoma City junior high schools. They were impressed by the spontaneity of the students and the atmosphere of acceptance and understanding in the classroom. They felt that the success of the course was due to the personality of the teacher and her recognition of the individual differences in her students. Concluding the workshop program was a panel discussion of the role of the teacher from the viewpoints of an educator and a psychiatrist.

As a result of this workshop, three major needs were recognized:

1. A speakers' bureau or pool of resource people in each community to promote an understanding of the emotional needs of children.
2. Consultants and experts to promote concepts of mental hygiene and personality growth and development.
3. Supplementation of college and inservice teacher-training programs to increase the teacher's awareness of the emotional problems of children.

### **School Administrators' Recommendations**

Continued interest in the promotion of mental health in the classroom was exhibited at the Oklahoma State Conference of School Administrators in October 1952. At the sectional meeting devoted to mental hygiene, these questions were considered: What is good mental health? How can we create better conditions for mental health in our schools? What are the administrative responsibilities? How may we recognize serious mental problems and how may we help the mentally retarded? How can the teacher's interest in the dynamics of human behavior be stimulated? The meeting concluded with these recommendations:

1. That each community set up a special group to study its own needs and develop its own plans to promote mental health in the school.
2. That at definite intervals of time representatives from each group meet to discuss their experiences and to exchange information.
3. That information concerning all resource people and material be made available to interested groups, and that information concerning successful programs be made available through the Oklahoma Education Association, the State department of education, and the State department of health.
4. That the teaching of human relations be stressed in all teacher-training programs.

### **1953-54 Developments**

Interest in plans for an inservice training program for teachers, stimulated and expressed at the foregoing meetings, culminated in a 2-week workshop for teachers in July 1953. Held at the University of Oklahoma, it was attended by 88 persons. The teacher and the road to mental health was the theme of the workshop, and the program included lectures, group discussions, and related mental health films, all concerned with the normal stages of personality growth and development.

The workshop was the result of cooperative planning by the University of Oklahoma graduate education and extension divisions, the State departments of health and education, and the Oklahoma Association for Mental Health.

Twenty-five scholarships of \$50 each were provided by the State department of health; and 25, by the association.

Tentative plans were made to hold a 2-day conference in Oklahoma City in June 1954, focused primarily on guidance and counseling and limited to psychologists and guidance personnel from the various State colleges. The chancellor of the Oklahoma State Regents for Higher Education, however, proposed an alternative plan. He suggested that a 1-day conference be held at each of the seven major teachers colleges in the State and that all of the faculty and the student body of teachers share in a broad program pertaining to the promotion of mental health.

The latter plan was adopted and carried out. During May, the month before the conferences, the director or the psychiatric social worker of the State health department's mental hygiene division visited each of the seven colleges. From June 2 through June 8, an eminent psychiatrist visited the colleges, addressing the general assemblies of students and faculties and meeting in roundtable discussions with the faculties and counselors. How to promote more effective teaching of mental health at the college level was the theme of the discussions.

### **Summary and Conclusions**

The program in Oklahoma for promoting mental health in the classroom has been well received. Although no formal plan or method for evaluating the extent to which mental health principles have been integrated in the school activities has yet been devised, teachers and school administrators have reported informally that these principles are being used in teacher conferences, parent-teacher association meetings, and classroom discussions. They have specified that, as a result of the attention given this phase of education, they have become increasingly aware of the individual differences

among pupils, of the multiple causes of behavior, and of the importance of interpersonal relations.

Teachers who have had several years' experience in dealing with emotional problems of children are especially interested in furthering their understanding of human behavior. The experienced teacher can better integrate her knowledge of emotional growth and development gained from a workshop on mental health with her everyday experiences in the classroom. Moreover, the experienced teacher tends to be more objective in dealing with emotional problems.

The best methods of communicating the knowledges and skills of any group concerned with emotionally disturbed persons have not been well established. The approach in this program has been for the various groups to share their knowledge, each learning from the other. One of the more successful ways of sharing knowledge about human behavior has been through group discussions. Through the informal interchange of ideas, the knowledge of the specialists in mental health has been used effectively.

Every teacher should be prepared to counsel students, for every teacher can promote mental health by dealing with emotional problems whenever they arise, whether the class is in mathematics, history, or human relations.

A significant influence in Oklahoma's program has been the philosophy that mental health is everybody's business while mental illness is the job of the professional worker. Teachers are not being encouraged to treat emotionally disturbed persons, but they are being encouraged to increase their knowledge of normal behavior and their awareness of deviant behavior as one step toward the prevention of mental illness. The teacher who is well-trained in the principles of mental health will recognize her limitations and will refer the disturbed child to the proper professional services.